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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004.	Complete if Known		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),	Application Number	10/003,565383	
FEE TRANSMITTAL	Filing Date	10/24/1002	
for FY 2005	First Named Inventor	Donald Henry Willis	
	Examiner Name	Brian P. Yenke	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2614	
TOTAL AMOUNT OF PAYMENT (\$) 1700.00	Attorney Docket No.	PU000183	
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TOTAL ANICONT C	FFATIVE	(\$) 1700.0	, o	Attorney Docket No.	1 000010		
METHOD OF PAYMENT (	check all that a	oply)					
☐ Check ☐ CreCustomer Number 2	edit card 4498	☐ Money Ord	ler	☐ None	☐ Other	(please identify):	
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information and author	ization on PT	O-2038.					
FEE CALCULATION							-
1. BASIC FILING, SE							
	FILING	FEES Small Entity	SEAF	RCH FEES Small Entity	EXAM	ntity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
	300	150	500	250	200	100	10001 414 (4)
Utility	200	100	100	50 50	130	65	
Design Plant	200	100	300	150	160	80	
-				250	600	300	
Reissue	300	150	500			300	
Provisional	200	100	0	0	0	U	
2. EXCESS CLAIM F	EES					Small E	Intity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (incl	uding Reissues	s)				50	25
Each independent claim	over 3 (includi	ing Reissues)			•	200	100
Multiple dependent clain						360	180
Total Claims		xtra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depende	
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Independent Claims	<u>E</u> :	xtra Claims	Fee (\$)	Fee Paid (\$)			
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3. APPLICATION SIZ	ZE FEE						
If the specification an	d drawings e	exceed 100 sheet	s of paper (ex	cluding electronically	filed sequer	nce or computer	
				50 (\$125 for small en	tity) for each	n additional 50	
sheets or fraction the	reof. See 35	U.S.C. 41(a)(1)(0	G) and 37 CFI	R 1.16(s).			
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4. OTHER FEE(S)							Fees Paid (\$)
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Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	317-587-4019
Signature	1/mis	7		Date	147/05
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